

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

WORK SCHEDULE

DIVISION

SECTION

FOR PERIOD

TRANSPORTATION	ADVANCE RECOUPMENT		\$
	AUTOMOBILE	miles @ 51	\$
	AIRPLANE		\$
	OTHER		\$
SUBSISTENCE	LODGING		\$
	MEALS		\$
TOLLS AND PARKING			\$
TIPS			\$
OTHER EXPENSES			\$
TOTAL REIMBURSEMENT COST			\$

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

OFFICIAL DOMICILE

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper and that, in my opinion, the amounts claimed are just and reasonable.

TITLE

AUDITED BY

[illegible]

[illegible]